



Prescription Monitoring Program

2600 Bull Street
Columbia, S.C. 29201-1708
Phone: (803) 896-0688

****Office Use Only****

Request Number

/ /
Date Approved

Initials

LAW ENFORCEMENT REQUEST FORM

In accordance with S.C. Code Ann. § 44-53-1650(D)(4), "Drug control may provide data in the prescription monitoring program to the following persons: ...a local, state, or federal law enforcement or prosecutorial official engaged in the administration, investigation, or enforcement of the laws governing licit drugs and who is involved in a bona fide specific drug related investigation involving a designated person;"

Officer Information

Name _____
First Last

Title _____ Badge Number _____

SSN _____ DOB _____

Agency Name _____

Address _____

City/County _____, SC ZIP _____

Office Phone _____ Cellular _____

Supervisor's Name _____

Date Range for Report

From _____ To _____
mm/dd/yyyy mm/dd/yyyy

Case Number _____

Required for all Law Enforcement Requests

Subject Information

Name _____
First Last

Address _____

City _____, SC ZIP _____

ID _____

ID Type (check one): SSN ☐ Driver's License ☐

DOB _____ / _____ / _____
mm dd yyyy

Is/was the subject known by other names? Other Names* ☐

Does/did the subject have other addresses? Other Addresses** ☐

☐ * Other Names (check Other Names box, above)

1. _____
First Last

2. _____
First Last

** Other Addresses (check Other Addresses box, above)

1. _____

2. _____

I certify that the information I request will be kept confidential, and I understand that I will be held liable for any breach of that confidentiality.

Signature of Officer _____

_____ Date

Signature of Officer's Supervisor _____

_____ Date

STATE OF SOUTH CAROLINA)
COUNTY of _____)

AFFIDAVIT

Before me, the undersigned authority in and for the State of South Carolina, personally appeared:

_____, who is known to me and who after being first duty sworn deposes and says that the above and foregoing document is true and correct to the best of his/her knowledge, information, and belief formed after reasonable inquiry.

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Name _____

Notary Signature _____

Notary Expiration Date _____

Pursuant to S.C. Code Ann. §§ 44-53-1680(B) and (C), a person who knowingly discloses, or uses this information in a manner or for a purpose in violation of this article is guilty of a felony and, upon conviction, must be fined not more than ten thousand dollars or imprisoned not more than ten years, or both.